

**APPLICATION DATA SHEET****Application Information**

Application number:: 09943080

Filing Date:: 08/30/01

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form  
(CRF)?::

Number of copies of CRF::

Title:: SYSTEM FOR WITHDRAWING SMALL AMOUNTS  
OF BODY FLUIDAttorney Docket Number:: 7404-727

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency:

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full capacity
Given Name::	Carlo
Middle Name::	
Family Name::	Effenhauser
Name Suffix::	
City of Residence::	Weinheim
State of Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Am Ziegelhof 4
City of mailing address::	Weinheim
State or Province of mailing address::	
Country of mailing address:	Germany
Postal or Zip Code of mailing address::	D-69469
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Heinz-Michael
Middle Name::	
Family Name::	Hein
Name Suffix::	
City of Residence::	Weinheim
State of Province of Residence::	
Country of Residence::	Germany

Street of mailing address:: Naechstenbacher Weg 5

City of mailing address:: Weinheim

State or Province of  
mailing address::

Country of mailing address: Germany

Postal or Zip Code of  
mailing address:: D-69469

Applicant Authority Type:: Inventor

Primary Citizenship  
Country:: Germany

Status:: Full Capacity

Given Name:: Karl-Heinz

Middle Name::

Family Name:: Koelker

Name Suffix::

City of Residence:: Gruenstadt

State of Province of  
Residence::

Country of Residence:: Germany

Street of mailing address:: Triftweg 31

City of mailing address:: Gruenstadt

State or Province of  
mailing address::

Country of mailing address: Germany

Postal or Zip Code of  
mailing address:: D-67269

Applicant Authority Type:: Inventor

Primary Citizenship  
Country:: Germany

Status:: Full Capacity

Given Name:: Frank

Middle Name::

Family Name:: Deck  
 Name Suffix::  
 City of Residence:: Niederkirchen  
 State of Province of Residence::  
 Country of Residence:: Germany  
 Street of mailing address:: Triftweg 1  
  
 City of mailing address:: Niederkirchen  
 State or Province of mailing address::  
 Country of mailing address: Germany  
 Postal or Zip Code of mailing address:: D-67150

### Correspondence Information

Correspondence Customer  
Number:: 41577  
Phone number:: (317) 634-3456  
Fax Number:: (317) 637-7561

### Representative Information

<u>Representative Customer</u> <u>Number::</u>	41577
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application			

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
DE	101 34 650.6	07/20/01	Yes

**Assignee Information**

Assignee name:: Roche Diagnostics Operations, Inc.

Street of mailing address:: 9115 Hague Road

City of mailing address:: Indianapolis

State or Province of  
mailing address:: IN

Country of mailing address:: USA

Postal or Zip Code of  
mailing address:: 46072